

**POSITION STATEMENT
ON
DOCUMENTATION OF THE RELATIONSHIP BETWEEN SCHOOL-BASED HEALTH
CENTERS AND THE ACADEMIC ACCOMPLISHMENTS OF STUDENTS**

Adopted: October 10, 2005

Purpose and Relevance

The purpose of this position statement is to clarify issues and suggest priorities relating to the documentation of the relationship between school-based health centers (SBHCs) and the academic accomplishments of students.¹ Current national educational policies, such as the No Child Left Behind Act, are increasingly exerting pressure upon schools to document improvements in student achievement. With increasing competition for limited school resources, the continued vitality and viability of school programs, such as SBHCs, may depend upon their ability to demonstrate their contribution toward academic success. The National Assembly on School-Based Health Care (NASBHC) is committed to providing health center staff, researchers, educational professionals, and other stakeholders across the nation with comprehensive information and guidance regarding SBHCs and academic outcomes.

SBHCs and Academic Performance

Based on a review of published research that studied the relationship between school-based health centers and academic performance, we conclude that:

- A large, well-established body of research has documented the potential impact of student health status on academic performance¹
- Research to date provides insufficient evidence to make generalizations about direct links between SBHCs and academic performance.
- Academic performance is negatively affected by factors such as substance use, emotional problems, poor diet, intentional injuries, physical illness, low self-esteem, risky sexual behavior, and lack of access to health care. High levels of resiliency, developmental assets, and school connectedness positively affect academic performance.
- As SBHCs continue demonstrating their impact on these health and wellness outcomes, they have the potential to affect academic performance indirectly.

Position Statement:

Recommendations for SBHCs regarding documentation of their value to their education partners

Document the variety of contributions SBHCs make to the educational environment and the student's readiness to learn. SBHCs can readily document the numerous activities that they undertake as partners in the educational setting that enhance the readiness of students to learn. NASBHC has

¹ In April 2004, the National Assembly on School-Based Health Care (NASBHC) convened a meeting of a national cross-section of experts in the fields of health and education to explore the relationship between school-based health centers and academic achievement. The discussions at that meeting serve as a basis for this position paper and the reader is referred to the proceedings from that meeting for a more comprehensive review of existing research and the consensus which emerged. The proceedings are available at: http://www.nasbhc.org/EQ/Academic_Outcomes.pdf

generated a list of potential indicators that are felt to be important to educators and at the same time measurable by SBHC personnel without the expertise or resources to conduct rigorous research. These indicators are presented in the following table and can also be found in the document titled *School-Based Health Centers and Academic Performance: What is the Intersection?*ⁱⁱ Specifically, SBHCs should think about how they contribute to increased parental involvement in the school as this is a specific mandate of the No Child Left Behind Act. In addition to quantitative data, the collection of anecdotal evidence, case studies, and ethnographies highlighting student “success stories” can provide persuasive arguments in favor of SBHCs to educators and policymakers. The ability to back up quantitative data with qualitative success stories can provide compelling evidence for the success of SBHCs.

Table : Checklist for SBHCs to Demonstrate Value to Educators

SBHC Service or Program		Benefit to School/Educational System
Services for Students	Identify students at risk for health and behavioral problems...	To reduce obstacles to the learning process
	Assist in IEP development...	To ensure health factors are considered and addressed
	Immunize students...	To ensure the school meets governmental requirements, to minimize school-wide outbreaks, and to reduce absenteeism (absences often translate into lost finances for schools)
	Administer medication to students with chronic illness...	To reduce absences, as well as disciplinary action for students with behavioral health problems
	Provide mental health services...	To help students concentrate in school and maintain healthy relationships with peers, teachers, and family
	Provide preventive health services...	To improve student health and prevent or minimize future health and mental health problems
	Provide on-site management of acute health conditions...	To improve attendance and student health
	Refer students to services not provided at the SBHC...	To address the full spectrum of health issues that can function as barriers to learning and to case manage students receiving services elsewhere
	Conduct sports physicals...	To increase student participation in activities that connect them to the school and improve their physical, cognitive, and social well-being in a safe environment
	Encourage student participation and involvement in SBHC activities...	To increase student connection with their school
	Enroll students in health insurance...	To help generate funds not only for SBHC services but also for other school services

	Provide opportunities for leadership and involvement in peer programs...	To help students develop leadership and problem solving skills and improve the overall school climate
	Employ staff that can serve as mentors and role models...	To encourage students to stay in school and pursue their interest in health-oriented careers
	Provide individual, group, and classroom health education consistent with the school curricular goals...	To provide students with instruction on topics that teachers may not feel comfortable or qualified to teach (i.e. pubertal development/sex education)
<i>Services for the School Community</i>	Offer selected health services to school staff (flu shots, screenings, etc)...	To minimize teacher absence due to illness or visits to their health care provider
	Support teachers concerned about students physical or mental health...	To allow teachers to focus on teaching
	Support principals by addressing health needs of specific high-risk populations...	To allow students to be more successful in schools
	Participate in community initiatives on public health issues such as obesity and emergency planning...	To improve school compliance with local, state, and federal regulations and provide a safe school environment
	Coordinate with other school and community service providers...	To ensure that school staff can address the health and well-being of students in a coordinated and efficient manner
	Encourage parental involvement...	To increase family participation in school and educationally oriented activities

Recommendations for researchers studying the relationship between SBHCs and academic performance

The direct relationship between SBHCs and improved academic performance has not been clearly documented. It is important to recognize the difference between conducting an evaluation of an individual SBHC program(s) on an academic indicator(s) and rigorous research on the relationship between academic outcomes and SBHCs. Many programs have conducted evaluations of their individual programs and found that various academic indicators have improved. However, in the absence of control groups and strong research design one cannot unequivocally conclude that one is causally related to the other.

If researchers are able to access resources and data to further study this association, NASBHC recommends researchers, evaluators, SBHC staff, and others to carefully consider the following issues:

The exploration of the relationship between SBHCs and academic improvement should begin with a discussion with school partners (e.g., principal, school board members) to ascertain what information they regard as most helpful in demonstrating the impact of SBHCs on their student population. As their approval is necessary before embarking upon school-based research, their inclusion at the planning stage will improve theoretical basis and logistical implementation.

Research should focus on “educational behaviors” rather than “educational outcomes.”

Researchers might have the greatest likelihood of demonstrating the impact of SBHCs upon educational

behaviors – discipline referrals, suspension rates, and indicators of attendance – rather than more distal educational outcomes such as grades or test scores. Consideration should be given to the analysis of educational behaviors among specific sub-populations with a high need for SBHC services. Health interventions are more likely to impact educational behaviors of students with chronic conditions known to contribute to high rates of absenteeism and students in the lowest academic performance quartile, as these students are more likely to encounter health-related barriers to academic performance.

Consider focusing on the impact of SBHCs on health, and of health on academics. An emerging and promising body of research has documented the realized and potential impact of SBHCs on student health, which complements the well-established literature base on the impact of student health status on academic performance. Research to explore the link between SBHCs and academic improvement should not be undertaken at the expense of continuing efforts to document and refine programs with a direct health benefit.

Research and evaluation methods should be rigorous. The research design and evaluation methodology must be rigorous so that the findings are accurate and stand up to expert scrutiny. Based on the most common limitations of the research that has been conducted to date, the following guidelines are offered to researchers:

- The theory of change and research design should account for the variety of factors influencing academic performance such as socio-economic and demographic characteristics, other health interventions, and educational factors and programs.
- Whenever possible, an appropriate comparison group should be included. Although it would be unethical to randomize student access to SBHC services within a single school, it may be possible to include a comparison group of students from similar schools without SBHCs.
- Study design should allow appropriate follow-up time to detect an impact and document whether beneficial outcomes are sustainable.
- Prior to the initiation of a study, a determination should be made to ensure that the sample is sufficient in size and diversity to measure the desired outcome.

Conclusion

SBHCs make definitive contributions to the health and well being of children and adolescents. The overlying caution is that researchers, evaluators, SBHC staff, and others should not collect data in a way that holds SBHCs accountable for outcomes that they are not in a position to achieve. SBHCs are primarily accountable to deliver quality health care to the students and families that they serve. Documentation of the quality of the health services that are delivered can function as powerful statements of the SBHC's value in an environment of increased accountability. However, it is critical that SBHCs work with their educational partners to connect the SBHC's mission with meaningful and achievable indicators that are important to educators as well.

Bibliography

ⁱ Geierstanger SP, Amaral G, Mansour M, Walters SR. School-based health centers and academic performance: Research, challenges, and recommendations. *Journal of School Health* 2004 Nov;74(9):347-52.

ⁱⁱ Geierstanger SP, Amaral G. School-based health centers and academic performance: What is the intersection? April 2004 Meeting Proceedings White Paper. Washington, DC: National Assembly on School-based Health Care; 2005. Available at: http://www.nasbhc.org/EQ/Academic_Outcomes.pdf